

TB RISK ASSESSMENT WORKSHEET

Facility Name _____ Date Completed _____

Completed by (name) _____

Assessment completed for:

- ☐ Entire facility
☐ Area of facility (specify) _____
☐ Occupational group (specify) _____

_____ to _____ Time interval (state month & year) for conducting the TB risk assessment.
 This is usually done for the previous calendar year (i.e. January – December).

Counties included in risk assessment: _____

INSTRUCTIONS FOR USE OF FORM: Please complete the following two data items and then follow the arrows to complete the risk assessment. Circle the appropriate risk category when complete.

_____ Number of TB cases in the community. This is calculated by compiling the Department of Health TB county data for the counties which the facility primarily receives their patients, residents and staff.

_____ Number of TB patients admitted to the facility, area or seen by an occupational group. Include both inpatients and outpatients seen.

If the above sum is 0, the facility should be classified as **MINIMAL RISK**.

If the above sum is 1 or more, continue below.

Circle One

- | | | |
|-----|----|--|
| Yes | No | Health care worker or resident PPD conversion rate in area or group is significantly higher than rates for areas or groups in which occupational exposure to TB is unlikely or than previous rate in same group? |
| Yes | No | Cluster of PPD conversions in health-care workers or residents? |
| Yes | No | Evidence of person-to-person transmission? |

If "No" is answered to these 3 questions, does the facility admit TB patients?

No

Yes

VERY LOW RISK

(& facility has agreement to refer TB patients for inpatient)

0-5 patients = **LOW RISK**
 6+ patients = **INTERMEDIATE RISK**

If "Yes" is answered to any of the above, the facility may be ranked as **HIGH RISK**. Follow the instructions in the CDC risk assessment guidelines to re-assess the facility. Seek professional assistance if necessary. The high risk ranking is considered a temporary classification while the facility investigates the problem. Once interventions have been implemented and proven to work, the facility should assess to an appropriate lower ranking.

Please refer to the CDC document ***Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 1994*** for guidelines to determine whether annual TB skin testing of employees or residents is recommended for the facility, area or occupational group. This document should also be referenced for additional TB infection control recommendations specific to this risk category (see pages 12-15).